Purchase Order Request Form

Document No.: F-03-002 Effective Date: 05/2026

PO Number: _____
Date Requested: ____ / ____ / _____
Requested By (Name & Position): _____
Phone/Email: _____

Vendor Information

- Vendor Name: _____
- Vendor Contact Person: _____
- Vendor Address: _____
- Vendor Phone / Email: _____
- Website (if applicable): _____

Order Details

Item #	Description of Goods/Services	Qty.	Unit Price	Total

Subtotal: $_____
Sales Tax: $_____
Shipping (if applicable): $_____
TOTAL AMOUNT: $_____

Purpose of Purchase

(Briefly describe how this purchase supports River Ridge Band BA or River Ridge Band Boosters Association activities):

Payment Method (Check one):

- ☐ Reimbursement
- ☐ Direct Vendor Payment
- ☐ Prepaid Purchase (e.g., online order)
- ☐ Other: _____

Approval Signatures

- **Committee Chair (if applicable):** _____ Date: ____ / ____ / _____
- **Treasurer:** _____ Date: ____ / ____ / _____
- **President (if required):** _____ Date: ____ / ____ / _____

FOR OFFICE USE ONLY

- **Date Paid:** ____ / ____ / _____
- **Check # / Payment Method:** _____
- **Entered By:** _____